

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>OH</i>	<i>336</i>	<i>2/2</i>
O.I.P.E. CLASSIFIER		<i>19</i>	<i>2/5/89</i>
FORMALITY REVIEW	<i>UB</i>	<i>10303</i>	<i>24</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/28/01
2	✓	✓	7/23/01
3	✓	✓	10/03/02
4	✓	✓	11/02
5	✓	✓	11/02
6	✓	✓	11/02
7	✓	✓	11/02
8	✓	✓	11/02
9	✓	✓	11/02
10	✓	✓	11/02
11	✓	✓	11/02
12	✓	✓	11/02
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47	✓	✓	11/02
48	✓	✓	11/02
49	✓	✓	11/02
50	✓	✓	11/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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